

John Tyler ASAP

ALCOHOL SAFETY ACTION PROGRAM

HENRICO OFFICE
4116 East Parham Road
Henrico, VA 23228
804-914-2181
jtasap.com



CHESTERFIELD OFFICE
9620 Iron Bridge Road #101
Chesterfield, VA 23832
804-914-2181
jtasap.com

Intake Appointment Information

(Please Read and complete all information except for the intake appointment date and time.)

Name: _____
Last First Middle (Full) Suffix
DL#: _____ State License _____
Gender (circle one): Male/Female Date of Birth: _____ Ethnicity: _____
Address: _____
City: _____ County: _____ State: _____ Zip code: _____
Phone: (____) _____ (____) _____ (____) _____
Home Work Cell
Email Address: _____@_____

Please Be reminded

- You are required to be on time for you scheduled intake appointment. If you are going to more that 15 minutes late you will have to reschedule your intake and pay a \$25 rescheduling fee.
- Tardiness or failure to attend this appointment may result in your return to court and/or removal from the program.
- You will be charged a \$25 rescheduling fee for all rescheduled appointments including educational classes.
- You are responsible for the \$400 ASAP enrollment fee(\$100 intervention fee included) Payment may be in the form of credit (VISA, Master Card or Discover), however there is a \$2 service fee for each payment. Another form a payment are money order or cashiers check made payable to John Tyler ASAP
- CASH and PERSONAL CHECKS ARE NOT ACCEPTED.**
- ALL FEES ARE NON-REFUNDABLE _____ (Please Initial here)**
- If you have difficulty reading or writing, you are to bring someone with you to fill out the necessary information.
- By court order or voluntary enrollment, you have been placed on probation and referred to John Tyler ASAP. For successful completions, your attendance to this appointment and all future appointments and classes are mandatory.

I have read and understand the above condition

Client signature: _____ Date: _____

Scheduled Intake

To be completed by Enrollment Coordinator

Your intake appointment has been scheduled for _____ A.M/P.M

On _____ .20_____.

Your appointment will be conducted in the Henrico/Chesterfield office. Please be on time and available for a ____ hour window for your appointment.

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John Tyler Alcohol Safety Action Program Out of State Participant Information

As requested, your VASAP service is being transferred to the state in which you reside. Please complete the attached documents and return them to our office. Upon receipt of the completed packet, the ASAP will contact you by phone to complete your payment (\$300) and schedule a phone intake. During that intake, the case manager will interview you, review guidelines, and assist with finding a suitable program in your state.

Upon completion of your intake, the case manager will email you a treatment consent form. The consent form must be completed and returned with the information for the provider in your state that will be conducting the treatment assessment, treatment, or education. Upon return of the consent form, the case manager will email you a referral form that outlines what you need from the provider in your home state. If an assessment is required, the agency providing the assessment must be licensed by your state and ASAM certified. The program must be willing to send this office written verification of your enrollment, verification of admission to include the assessment results and any treatment recommendation, monthly progress reports, notices of any alcohol or drug violations, and a final discharge summary.

Upon completion of the assessment and program recommendation in your state, the ASAP will review your case for successful completion for the Virginia Department of Motor Vehicles.

If an ignition interlock device is required, do not have a device installed until advised to do so by the case manager. If ignition interlock is not required, please feel free to skip forms 10-14.

Thank you!

John Tyler ASAP

Please enroll at one of the offices located above OR appear at our new location inside DMV Headquarters located at:
2300 West Broad Street, Richmond, VA 23269

VIRGINIA ALCOHOL SAFETY ACTION PROGRAM

AGREEMENT TO PARTICIPATE

Please read each statement and initial on the line following each statement.

As an ASAP participant, you are subject to the following program rules. These rules apply if you are enrolled as a court referral or if you are enrolled satisfying a DMV requirement.

I understand that I am required to meet with my ASAP case manager as deemed necessary. _____

I understand that I am responsible for keeping my case manager aware of any change of address and change of telephone numbers. _____

I understand that I am responsible for making my case manager aware of any new criminal or traffic violations. _____

I understand that I am responsible for making my case manager aware of any other changes that might affect my ASAP participation. _____

I understand that I must pay the ASAP fee in full or set up a payment plan, which I will adhere to. This applies only to court ordered participation. _____ *(Full payment is due at enrollment for DMV Administrative and Pre-Enroll cases)*

I understand that I am responsible for paying a \$25 rescheduling fee for missed ASAP appointments or class. _____

I understand that I am responsible to pay the costs of any treatment services that I may receive directly to the treatment provider. _____

I understand that I am required to engage and actively participate in ASAP education classes. _____

I understand that I am required to attend all ASAP education classes and treatment sessions, if applicable, free of alcohol or illicit drugs. _____

I understand that I am required to successfully follow the treatment plan as prescribed by the treatment provider or my case will be in a noncompliance status. _____

I understand that I am required to attend all education treatment sessions and comply with attendance policies. _____

I understand that I am required to submit to a breath test when requested by an ASAP representative. _____

I understand that if I am under a court order to remain abstinent that I am not permitted to drink alcohol at any time or use any illicit drugs and that I will be required to submit to drug and alcohol testing. _____

I understand that testing positive for alcohol, illicit drug usage, or having an ignition interlock violation will result in my case being reclassified and may result in my case being returned to court, if under the court's jurisdiction. _____

I understand that I am required to adhere to this participation agreement and that failure to comply will result in my case being returned to court for noncompliance, if under the court's jurisdiction. I further understand that if I am enrolled to satisfy a DMV requirement that my noncompliance will result in my case being closed as unsuccessful. _____

I understand that the Code of Virginia requires that I enter and successfully complete an Alcohol Safety Action Program (ASAP) in order to have my license re-instated. I understand that if I fail to complete the ASAP at this time, that I may re-enroll at a later time and will be required to pay the required enrollment fee(s) and any unpaid ASAP balances. _____

I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF MY PARTICIPATION IN ASAP.

Offender Name (*print*)

Offender Name (*signature*)

Date

John Tyler ASAP

ALCOHOL SAFETY ACTION PROGRAM

HENRICO BRANCH OFFICE
4116 East Parham Road
Henrico, VA 23228-2759
(804) 914-2181



WWW.JTASAP.COM

CHESTERFIELD OFFICE
4211 Old Hundred Road
Chester, Virginia 23831
(804) 914-2181

Orientation Video Agreement

I, _____, certify that I have viewed the VASAP orientation
video at: jtasap.com.

Client Signature: _____

Date: _____

Virginia Alcohol Safety Action Program

Intake Questionnaire

Full Name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Primary Phone Number: _____ - _____ - _____ Secondary Phone Number: _____ - _____ - _____

Driver's License Number: _____

Date of Birth: _____

Email Address: _____

Medical History

Medical Conditions: _____

Prescribed Medications: _____

Have you ever been told by a medical professional not to use alcohol or drugs? ☐ Yes ☐ No

Previous detoxification or medical attention due to substance use disorder? ☐ Yes ☐ No

Do you have any medical conditions directly related to your use of alcohol or drugs? ☐ Yes ☐ No

If yes, list the conditions:

Legal History Have you had any...

Previous Arrest or Convictions for: (Do not include your present conviction)

DUI ☐ Yes ☐ No How many? _____ Public Intoxication ☐ Yes ☐ No How many? _____

Underage Possession of Alcohol ☐ Yes ☐ No How many? _____

Drug Offenses ☐ Yes ☐ No. How many? _____

Other criminal traffic convictions (such as Reckless Driving) ☐ Yes ☐ No ☐ If yes, how many?

List Charges

Do you have any pending charges? ☐ Yes ☐ No

List pending charges, if applicable

Are you currently on probation with any other agency? ☐ Yes ☐ No

Name of probation agency _____

Name of probation officer _____

About your Current Referral

What was your original charge/offense ?

Date of original charge/offense: _____

For what offense were you convicted? _____

Court of Conviction _____

Date of conviction:

What alcohol beverages and/or what drugs were you using on the day of your arrest?

How much did you drink/use that day? _____

Did you have a crash that day? ☐ Yes ☐ No Were there any injuries? ☐ Yes ☐ No

What was your BAC at the time of arrest? _____ Did you feel impaired? ☐ Yes ☐ No

Alcohol and Drug History

How many days per week do you consume alcohol? _____ How much alcohol do you consume on those occasions?

When did you last consume any alcohol? _____

How much did you consume? _____

Which drugs have you used within the last six months:

☐ Marijuana (for DUID cases and Young Offender cases charged with Marijuana)

☐ Cocaine ☐ Heroin ☐ Amphetamines

Do you have a substance use disorder? ☐ Yes ☐ No

Have you ever tried to quit?

Drinking? ☐ Yes ☐ No If yes, how long did you abstain? _____

Using Drugs? ☐ Yes ☐ No If yes, how long did you abstain? _____

Have you ever taken a prescription drug that was not prescribed to you? ☐ Yes ☐ No

If yes, what medication did you take? _____ When? _____

Have you had any...

Previous Alcohol/Drug Education? ☐ Yes ☐ No If yes, where _____

When: _____

Previous Alcohol/Drug Treatment? ☐ Yes ☐ No If yes, where _____

When?: _____

Previous ASAP Participation? ☐ Yes ☐ No If yes, where?: _____

When? _____

I certify this information is accurate to the best of my knowledge.

Print Name: _____

Signature: _____

Date: _____

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - GENERAL

Probationer: _____ Date of Birth: _____

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information related to my ASAP requirements with:- the court of record/referral

- the Commonwealth Attorney's office
- attorney(s) of record
- local, state and federal law enforcement agencies
- other criminal justice entities
- the Virginia Department of Motor Vehicles
- applicable VASAP ignition interlock service providers and remote alcohol service providers

For the purpose of facilitating, supervising, verifying and reporting my participation in, and compliance with ASAP requirements.

I understand that I am being referred to the Alcohol Safety Action Program **by a court**. Information concerning my participation will be reported to the court, and my consent for that purpose will terminate upon successful completion of my ASAP probation. In the event of noncompliance, this Consent for Release of Confidential Information will not expire until the referring court formally terminates the Alcohol Safety Action Program's oversight of the case.

I understand that I am enrolling in the Alcohol Safety Action Program to complete a **DMV requirement**. This Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation.

I understand that my records are protected under Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I further understand that all **treatment** information is protected under HIPPA and cannot be released by the ASAP without my consent; however, should I elect to transfer to another ASAP, all records to include treatment records will be sent to the supervising ASAP in order to effectively administer my case. A copy of this Consent for Release of Confidential Information form shall be considered to be valid as the original.

Executed this _____ day of _____, 20_____

Participant's Signature: _____

Parent/Guardian Signature (required if under the age of 18): _____

To revoke consent for release of information, complete this section.

Date Revoked: _____

Participant's Signature: _____

Parent/Guardian Signature (if required): _____

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

Virginia Alcohol Safety Action Program

Electronic Communication Authorization Consent Form

I understand that due to the risk of electronic communications being misdirected, hacked or intercepted by unintended parties, the Virginia Alcohol Safety Action Program (VASAP) cannot guarantee that confidential messages sent over the Internet will not be subject to unintended disclosure or other privacy breaches.

I understand that electronic communications to/from VASAP may contain personnel information that is protected by federal confidentiality guidelines.

I further understand that electronic communications sent to/from work devices may be subject to review by my employer.

I consent to the use of electronic devices such as but not limited to mobile phone, tablets, laptop, etc.

Acknowledging the above, I hereby authorize the Virginia Alcohol Safety Action Program to communicate with me via electronic communications regarding my case until such time as my ASAP case is closed, or this authorization is rescinded by me.

Signature: _____

Printed Name: _____

Date: _____

DOB: _____